ENVIRONMENTAL HEALTH CONSORTIUM
(☒Cudahy • ☐South Milwaukee • ☐St. Francis)

CITIZEN COMPLAINT / REFERRAL FORM

DATE ____/____/____ TIME ____:____ PM

COMPLAINT MADE BY

NAME

ADDRESS

( ) -
TELEPHONE

PROPERTY ADDRESS

PROPERTY OWNER

NAME

ADDRESS

( ) -
TELEPHONE

NATURE OF PROBLEM

COMPLAINT TAKEN BY ____/____
NAME / DEPARTMENT

COMPLAINT REFERRED TO ____/____
NAME / DEPARTMENT

____/____
NAME / DEPARTMENT

____/____
NAME / DEPARTMENT

PLEASE INDICATE ACTION REQUIRED AND/OR TAKEN AND RETURN TO THE APPROPRIATE HEALTH OFFICER **WITHIN TEN (10) WORKING DAYS.**

Date Action Taken

Written Orders	Verbal Orders	Citations	Advised	Not Verified
			☐	☐

Document Status			
☐ New	☐ Action Required	☐ Update	☐ Case Closed